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ABSTRACT

This evaluation focuses on the effectiveness of the brief family counseling intervention component of a school-based comprehensive program. Assessment was based upon increased attendance rates; decreased suspension at secondary schools; decreased number of violent incidents; increased number of students receiving mental health services; and increased parent and teacher ratings of satisfaction with student educational environment. The model for the program was based on the concept that the child is part of a larger ecological system in which all aspects of a child's life are integrated. Training and supervision were available for school-based family counselors who chose to participate. Delays in the start-up of the program due to late dispersal of funds led to early frustrations, but 78% of all referrals were served. Over half the students referred were special education students, which led to the conclusion that these students need more social support. The premise that family counseling is a prevention intervention is supported by the results showing that siblings appeared to be positively effected. (JDM)

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ED 448 374

Brief Family Counseling Intervention
Cibola Cluster

Albuquerque Public Schools
1997-98

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CIBOLA BRIEF FAMILY COUNSELING INTERVENTION

The Cibola cluster principals used Medicaid funds to support a school-based comprehensive program that linked the Cibola cluster schools, focused on district goals, supported more than 8,000 students and families, and encouraged collaboration between schools and community agencies. The cluster's program focused on preventive and support services for families and children.

Elements of the program included:

- stipends for Cibola cluster staff,
- professional development for counselors and social workers
- two additional school-based counseling positions shared among the five elementary schools in the cluster.

The original proposal stated that assessment of the success of the program would be measured by:

- increased attendance rates, decreased suspensions at secondary schools,
- decreased numbers of violent incidents,
- increased numbers of students receiving mental health services,
- and increased parent and teacher ratings of satisfaction with student educational environments.

Counselors and social workers provided mediation, violence prevention and intervention, substance abuse prevention and intervention, crisis response, and parent education and support as care services.

This evaluation focuses on the effectiveness of the brief family counseling intervention portion of the program. Since the program was developed as an intervention with families, no direct implementation description was planned other than that provided by the intervention developer. Evaluation of the training component is not part of this evaluation.

PROGRAM DESCRIPTION SUMMARY

The Brief Family Counseling Intervention program provided direct counseling, education, assistance and interventions to the Cibola cluster students and their families. This Intervention model perceives the child as part of a larger ecological system in which all aspects of the child's life are interrelated. When school problems are addressed in this model, the child's family relationships cannot be ignored.

The Brief Family Counseling Intervention program began in November with one full-time and one part-time counselor and added another part time counselor in April. Some families, which began counseling late in the spring semester, continued counseling during the summer as part of the training for Cibola counselors and social workers. Training of Cibola cluster counselors began in January and continued into the summer. The Brief Family Counseling

Intervention program spent $58,183 on counselor salaries, $5,850 on training cluster counselors, and $409 miscellaneous for a total of $64,442. The remainder of the grant was returned to the general fund. Excluding training costs, counseling interventions costs averaged approximately $349 per student.

Within the Cibola Cluster, the school-based family counselors also provided training, consultation and supervision services for the school counselors and social workers who wanted to participate. Each counselor and social worker that participated in the program worked with several families from the cluster using a strategic family-counseling model. School counselors and social workers who elected to receive training began with an introduction to strategic family counseling. This training oriented the participants to the theory behind the intervention process and provided strategic interventions for the families.

For a complete program description, please see Appendix A.

Program Evaluation

This evaluation describes participant characteristics as well as pre and post intervention behavior and performance. Evaluation of the Brief Family Counseling Intervention program entailed assessing direct effects upon student behaviors by examining grades and attendance. Further, the effects were assessed for siblings in addition to the referred student.

Methods

For students referred for family counseling, counselors recorded student ID numbers and reasons for referral. Upon completion of the intervention, counselors recorded the family members who actually attended sessions. Counselors also gathered unscheduled progress reports of student performance on classroom assignments, homework assignments and tests. Teachers provided information on how often parents contacted them per week and indicated the depth of contact. Fall and spring semester grades, attendance, and suspension information were obtained from district records for middle and high school students. Comparative grades and attendance data were also provided from district computing services.

Limitations

Evaluations of clinical interventions are faced with difficulties of finding a suitable comparison group. There are no comparison group data available for this evaluation. Participants who do not continue with the intervention program pose a question about the selectiveness of the intervention. Conclusions of the study are limited by the fact that most of the data set is generated from one counselor's interventions. The results may be the product of an outstanding individual's efforts, which are unable to be passed to other practitioners. If the cluster wide counselor-training program reflects the methods used by the counselors in this study, the school-based counselors will increasingly produce results like those found in this study.

Participation and Attrition

Counselors received referrals for 130 families and 167 APS students including siblings attending APS schools. For the purposes of this study only 75 students and their families had completed the intervention by the data collection deadline. An additional 30 students had participated in counseling as siblings. In all 105 students are included in this study, 49 females and 56 males. Elementary school students numbered 46, while 59 middle and high school students participated.

Some families terminated counseling prior to completion of the intervention. If a family moved, the family was not considered a direct dropout from the program. Additionally, when a family failed to appear for the first intervention, they were not considered dropouts. Attrition was calculated at 12%, while 16% continued counseling after the school year ended (Table 1).

Table 1

Outcome	Number Of Students	Percent Of Students
Referred but Never Appeared	3	4.0
Moved	4	5.3
Referred to Other Programs	4	5.3
Continued Counseling	12	16.0
Completed Counseling	43	57.0
Incomplete (Attrition)	9	12.3
Total	75	100 .0

Sources of Referral

Tables 2 and 3 show that school counselors referred most families to the intervention program, and that some flexibility in the referral process existed. The planned screening process required school counselors to discriminate which students would benefit most from family counseling and then refer those families to counseling. The National School Counselor Association recommends a student to counselor ratio of 250:1. The student to counselor ratio in APS elementary schools is 552:1, and in APS middle and high schools 397:1; therefore, it is reasonable to expect some students to be referred through other sources.

Table 2. Referral Sources of Elementary School Students

Referral Source	% of Elementary School Referrals
Teacher	8
School counselor	67
Principal	8
No Response	17

Table 3. Referral Sources of Middle and High School Students

Referral Source	% Of Middle School & High School Referrals
Parent/Guardian	3
School Counselor	77
Principal	3
Support Team	3
Other	10
No Response	3

Reasons for Referral

For elementary school students, 78% of referrals resulted from a pattern of behavior, while 17% of referrals resulted from specific incidents. For middle and high school students, 84% of referrals resulted from a pattern of behavior, while 13% of referrals resulted from specific incidents. Thus, for all students, patterns of behavior led to the most referrals, while specific incidents led to a small percent of referrals. Tables 4 and 5 show the reasons students were referred, the referral ranking assigned by counselors, and the frequency that each ranking occurred. At elementary school, emotional concerns are the largest single indicator of need for intervention. At middle and high school, emotional concerns and parental conflict emerge as the largest indicators of need for intervention. Although emotional concerns do not emerge distinctively as the primary indicator of need for intervention, students are being referred with emotional concerns in conjunction with other significant problems.

Table 4. Reasons Elementary Students were Referred

Reason For Referral	Referral Ranking		
	Primary Reason for Referral	Secondary Reason for Referral	Additional Reasons for Referral
Adjustment to Divorce	3	-	-
Adjustment to Step-Family	-	-	-
Attendance	3	1	1
Disruptive Classroom Behavior	3	1	1
Drop in Grades	-	-	1
Emotional Concerns	5	8	3
Frequent Visits to Nurse	-	1	1
Other	4	10	-
Parent-Child Conflict	4	-	1
Physical/Sexual Abuse	2	1	2
Violence	1	-	1

Table 5. Reasons Middle and High School Students were Referred

Reason For Referral	Referral Ranking		
	Primary Reason for Referral	Secondary Reason for Referral	Additional Reasons for Referral
Adjustment to Divorce	4	-	-
Adjustment To Step-family	2	1	2
Attendance	4	-	1
Disruptive Classroom Behavior	4	1	2
Drug Use	3	3	2
Emotional Concerns	3	13	5
Failing One or More Classes	-	5	2
Frequent Visits to Nurse	-	1	1
Gang Activity	-	-	1
Grade Drop	5	7	2
Lack of Motivation	-	-	1
Other	5	2	18
Parent-Child Conflict	8	1	3
Physical/Sexual Abuse	1	2	-
Violence	1	1	1

Parental Involvement

Counselors often gave parents directives that required parental involvement in their student's education as part of strategic therapy. An increase in parental involvement indicates the client followed through with the intervention behaviors recommended. Parents averaged 1.5 contacts with teachers per month prior to counseling and increased that rate to 1.9 contacts per month, a statistically reliable change ($p < .05$). Additionally, the depth of contact between parent and teacher increased. Depth of contact was conceptualized along the following continuum progressing from least to most involvement:

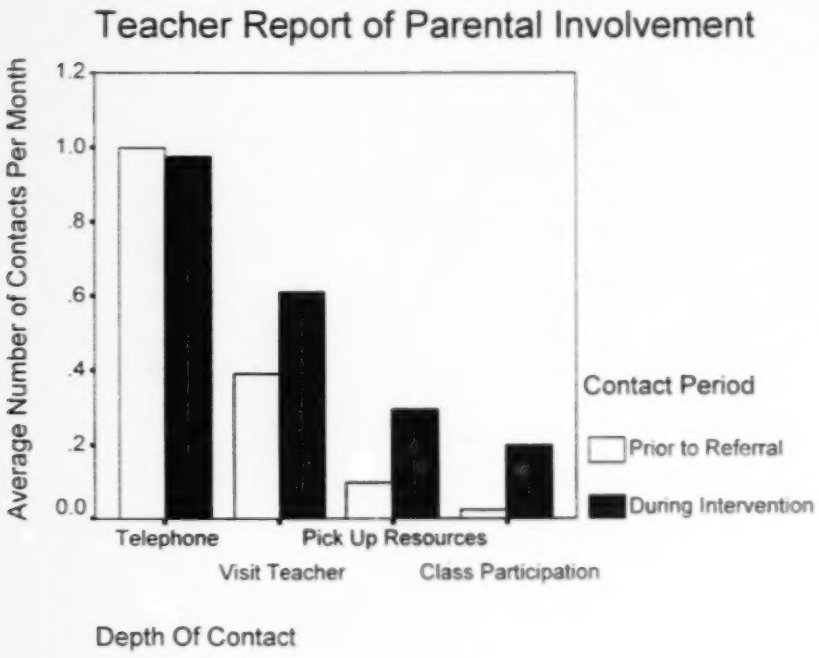
1. parent telephoned teacher (least involvement),
2. parent visited the teacher,
3. parent picked up resources from the teacher, and
4. parent participated in classroom activities (most parental involvement).

Teachers were asked to indicate all of the types of interactions they encountered with each family. Figure 1 shows an increase in both the number of contacts and the depth of contacts between parents and teachers resulting from the counseling. The increase in visits teacher, resources picked up, and class participation are statistically significant ($p < .05$). There was a small but significant relationship between parents increasing the number of phone calls made in a month and teachers reporting that student behavior changed in general ($r = .56$, $p < .05$)[1]. There

[1] The symbol r stands for a Pearson product moment correlation coefficient. This value can range from –1 to 0 to +1. A 0 value would indicate no relationship. A negative or positive 1 indicate a strong relationship between the variables. The plus or minus sign indicates the direction of the relationship.

was a small but significant relationship between parents increasing the number of phone calls made in a month and teachers responding that student attitude towards school changed ($r = .42$, $p < .05$). There was a small but significant relationship between parents increasing the number of times they participated in class with their student and the teachers observing a change in academic behavior ($r = .39$, $p < .05$).

Figure 1.



Grades: Unscheduled Teacher Report

Accurately tracking grades of students participating in the intervention program would have required assigning a student's grade at an unscheduled time in the semester. This problem was addressed by asking teachers for a percent completed for classroom and homework assignments as well as assigning a grade to the students' performance. Table 6 shows teachers' unscheduled assessment of student performance. When teachers reported on student performance, they indicated increases on all measures. These improvements meet statistical rigor at the middle and high school level; however, at the elementary level gains are sufficiently modest that further research is required to verify the improvements. One explanation for the difference is that students in elementary school were referred when they had on average a grade better than a C, but middle and high school students are referred on average when they had a grade of D. Raising a student's grade from D is significantly easier than raising a students grade from a C and may more easily pass statistical tests with small numbers of participants.

Table 6. Teacher Report of Student Grades at Time of Intervention Referral and Conclusion

	Performance At Referral	Performance At Outcome	Improvement	Significance
ELEMENTARY SCHOOL				
Class Assignments Completed	66%	71%	5%	NS
Class Assignment Grades (0 To 4 Point Scale)	2.2	2.6	0.4	P < .09
Homework Completed	69%	77%	8%	NS
Homework Assignment Grades (0 To 4 Point Scale)	2.3	2.6	0.3	NS
MIDDLE SCHOOL & HIGH SCHOOL				
Class Assignments Completed	62%	89%	27%	P < .002
Class Assignment Grades (0 To 4 Point Scale)	1.0	2.0	1.0	P < .001
Homework Completed	63%	86%	23%	P < .001
Homework Assignment Grades (0 To 4 Point Scale)	1.0	2.0	1.0	P < .001
Percent Of Tests Taken	89%	98%	9%	P < .03
Tests Cumulative Grade	0.8	2.0	1.2	P < .001
Expected Quarterly Grade	-1.0	2.2	1.2	P < .001

Grades: Semester Reporting

Since the Brief Family Counseling Intervention did not begin until November, it was reasoned that there would be no noticeable effects upon grade point average in the fall semester and that all effects would be noticeable in the spring semester. Table 7 shows middle and high school student performance as reported on the district computing system. Grade point averages and absences were collected from the district computing system. Since students did not take the same courses in the fall and spring class grades could not be compared directly. Grade point average is a crude measure of change in student performance because the past performance has such a large influence on the current outcome. The trend was for grade point average to increase for all students, but the increases were small and not statistically significant. The grade point average for Cibola high school students, Taylor and LB Johnson middle schools students did not change between semesters. Absences increased slightly in the spring, but no more than the whole school student populations at Cibola High School, and Taylor and L. B. Johnson Middle Schools. The best predictor of a decrease in absence rates was if both parents attended the counseling intervention ($r = -.42$, $p < .05$). There was no relationship between reduction in absences and increase in grade point average. For middle school and high school students, there was no relationship between grade improvement and which family members attended the counseling sessions. There was a small but significant relationship between a decline in absences and both parents attending the counseling session ($r = .38$, $p < 05$).

Table 7.
Middle and High School Grades and Absences as Reported on District Computing System.*

	Fall	Spring	Difference	Significance
All Students				
GPA	2.0	2.1	0.1	NS
Absences Per Class Per Semester	2.6	2.7	0.1	NS
Referrals Only				
GPA	1.8	1.9	0.1	NS
Absences Per Class Per Semester	2.9	2.9	0.1	NS
Siblings Only				
GPA	2.5	2.6	0.2	NS
Absences Per Class Per Semester	1.8	2.0	0.2	NS

*Elementary student grades are not reported on the district computing system.
NS = not statistically significant.

Behavior Change

Elementary school teachers who referred students were asked if students performed at their level of ability all the time, more than half of the time, half of the time, less than half of the time, or none of the time. Prior to intervention teachers reported that students performed at their level of ability about half of the time, but after counseling teachers reported that students performed at their level of ability more than half of the time (Sig. $p < .001$).

Teachers of referred students were asked if the student's general behavior changed, if her/his academic performance changed, if her/his friendships changed, and if her/his attitude toward school changed after counseling. Table 8 shows that teachers frequently observed changes in general behavior and in attitude toward school. Although teachers saw less change in student friendships, a change in friendships was the best predictor of an improvement in grade point average ($r = .58$, $p < .05$). Only one of the subjective comments attached to the friendship question indicated that the student's friendships changed to being a poor influence. Counselors reported how many appointments they expected were required to complete the intervention with each family. The fewer the expected number of appointments, the more likely it was that teachers reported academic change ($r = -.36$, $p < .05$).

Table 8. Elementary School, Middle School, High School Combined

Type of Change	% Responding Yes
Has "student's" behavior pattern changed over the year?	91
I have observed changes in "student's" academic performance over the past year:	66
I have observed changes in "student's" friendships over the past year:	34
I have observed changes in "student's" attitude towards school over the past year:	84

Special Education

The population of students served in the Brief Family Counselor Intervention program was composed of 54.7% special education students. Teachers often mention that special education students require more direct and in depth types of interventions than they are trained to provide. A student's participation in special education did not change her/his response to therapy. No differences were observed between general and special education students for grades, assignment completion rates or absence rates. Counselors were asked to identify referred students as special or general education. Additionally, students' special education status was verified on the district computing system. Counselors misidentified 87% of special education students. This misidentification is an indication that special education labels generally do not follow students into the counseling session.

Suspension

Suspension is one issue where no comparison is available. A new data collection system was implemented beginning in the 1996-97 school year. For Cibola high school, and Taylor and LB Johnson middle schools 406 students were suspended during the 1997-98 school year. Table 9 shows the number of suspensions by 20 day reporting period for students served by the Brief Family Counseling Intervention program. These students accounted for only 18 suspensions during the tenure of the program. Seven female and eleven males were suspended. Seven students were suspended multiple times as indicated by the total number of suspensions by reporting period. It is important to note that one sibling of a referred student was suspended during the intervention while the referred student was not suspended.

Table 9. Suspension

Reporting Period	Number Suspended	Percent Of Those Suspended	Percent Of Those Counseled
December	2	11	2
January	6	33	6
February	4	22	4
March	4	22	4
April	1	6	1
May	1	6	1
Total	18	100	20

Effects on Classrooms

School-based administration commented that classrooms were more conducive to learning for all students because of one or more students receiving counseling. Students who are referred to counseling often disrupt the class in a manner that required the teacher to continually refocus, redirect, and/or discipline a student. These student-centered activities take time away from the teacher's instructional activities. The counselor intervention often introduced the student to coping skills and worked with the family and classroom teacher, so the adult could reinforce the new skills. Teacher reports of changes in classroom behavior and attitude appear to translate into better instructional environments.

Teacher behavior also changed in ways that promoted better student coping behaviors. Teachers often participated in the solution assigned to the family. Once a teacher was made part of the solution, her/his understanding of the family dynamics increased. Teachers were better able to deal with the student's behavior issues and required less assistance from counselors after having learned the new intervention techniques themselves.

Whole School Effects

Teacher collaboration in the counseling interventions helped to produce better teacher recognition of issues and behaviors that indicated family counseling referral was appropriate. This presumably influenced classes in following years since persistent student instructional interruptions have been reduced.

School-based administrators noticed that the school based counselors benefited from the family counseling training. One middle school principal said;

> "The school counselors seem to be energized by their training sessions. They reported personal growth, gaining new skills, and improved techniques. The hands on approaches enabled counselors to develop new strategies with focus families and to see their effectiveness through the families' progress. The trainer's demonstration of the whole family as a client influenced not only the immediate counseling situation, but also brought new methodologies in all counseling sessions. One soon to be retired counselor stated that it was the best training she had participated in since graduate school."

Other principals enthusiastically repeated similar statements, adding that the new techniques emphasized coordination of site-based services. The coordination of the family counselors with social workers and school-based counselors appears to have contributed to the successful student outcomes.

Conclusions and Recommendations

There was a significant delay in implementing the Cibola Brief Family Counseling Intervention program. These delays appear to be the result of untimely federal government dispersal of funds, compounded by a long chain of APS line authority who control the expenditure of funds. Hiring of counselors began in November and was not complete until April. These delays fostered unfounded rumors that other clusters had accessed Cibola funding. The West Mesa cluster met with the same frustrations of delayed disbursements and also contributed a large portion of its grant to the general fund.

It is notable that 55% of students referred are special education students. The students referred for counseling are clearly a sub population of the students in general. This finding has implications for funding of these counselor positions. The data here appear to support the subjective comments of special education teachers, that their students require more personal and social support than other students.

Ultimately, service was provided directly or indirectly to 78% of referrals. The referral process appears to be working as planned; school counselors make the majority of referrals. Reasons for referral are varied; however, emotional concerns in conjunction with family problems such as divorce in family, adjustment to step family or parent child conflict resulted in

the most referrals. Family issues clearly affect student behaviors at school and in the classroom itself.

This counseling program showed promising trends in student performance and behavior. Teachers noted improvements in student behaviors that included academic behavior, attitude toward school, and friendship changes. Additionally, administrators felt that classroom climates had changed as a result of fewer disruptions and better methods of addressing problem students. Classroom performance also improved as demonstrated by the results of unscheduled reports of student performance. District records of grade point averages showed the same trend although not to the same degree. Importantly, siblings showed similar increases in grade point average as the student who had been originally referred. In contrast, attendance did not reflect an improvement. Educators have known that increasing parental involvement is an important part of improving student performance. This program appears to have increased parental involvement in terms of the number of contacts parents have with teachers and the depth of contact parents have with teachers.

The premise that family counseling is a preventative intervention is supported by results showing that sibling grades appeared to be positively affected and that administrators noted improvement in classroom climate. This intervention effects the school climate in ways that surpass the immediate concerns of the referred student. This program has demonstrated some positive impacts immediately after initial implementation. Continued monitoring may demonstrate that the intervention initiated long term improvement, or it may demonstrate only temporary improvement. Longitudinal research will address issues of the lasting effects of the program.

Suggestions for improvement in the data collection instruments are contained in Appendix B. These suggestions should simplify the data collection process.

APPENDIX A
CIBOLA BRIEF FAMILY COUNSELING INTERVENTION
PROGRAM DESCRIPTION

By Renee St. Clair Ph.D. and Curt Mearns Ph.D.

Systems Theory: An Overview

The brief family counseling intervention program is essentially based on systems theory. Family systems philosophy suggests that family characteristics, interactions, communication, functions, and life cycle are important considerations in effecting positive change (Fine, 1992). The theory emphasizes the interrelated aspects of the human social context. Systems philosophy also suggests that movement in one component of a system effects all other components of the system.

Family systems theory focuses on the structure, hierarchical relationships, and rules within the family. Family counselors contend that problem behaviors result from problematic family interactions rather than from individual psychopathology (Donovan, 1992). Problematic interactions comprise complex sets of interlocking behavioral patterns, thoughts, and feelings which define family functioning as well as individual behavior (Carlson, 1992).

Strategic Family Counseling

The strategic counseling approach is pragmatic, emphasizing what works in the here and now. Strategic counseling often assumes that if the individual is to change, than the context in which she/he lives must change (Sherman, Shumsky, & Rountree, 1994). The unit of treatment is no longer the individual; it is the set of relationships in which the person is embedded.

The family counselor begins counseling by gathering information about what has been tried in the past, determining the primary problem, and establishing who has the problem. Additional steps by the counselor include analyzing the commitment to change, client beliefs, identifying small outcome behaviors, developing specific solution strategies, monitoring change and sustaining change. When appropriate, case conceptualization and hypothesis development were shared with various school personnel to elicit solution strategies.

The Cibola Brief Family Counseling Intervention program used strategic family counseling as a major tool for intervention with Cibola cluster students who had been referred. The object of strategic counseling was to restore functional family equilibrium of roles and hierarchy. Strategic family counseling typically used a brief counseling approach and therapeutic techniques such as re-establishing family hierarchies and readjusting family interactions (Cohen, & Fish, 1993). In strategic family counseling, the school-based family counselor initiated the change process. The brief family counselors, employed propositions of systems theory to introduce new behaviors into the existing set of interactions manifested between student and family or school (Haley, 1976). Dysfunctional family behaviors developed when unexpected crises unbalanced the system beyond its natural ability to recover.

The strength of strategic counseling lies in its use of innovative directives and other strategies designed for particular family needs and school needs. In order to persuade a family system to change, the counselors rely on directives. Directives are essential tools of strategic

counseling, and make use of assignments or tasks that are completed outside the counseling session. Counselors assign directives to various family members and school personnel. The purpose of these directives is: 1) to motivate individuals to behave differently so they have more positive life experiences; 2) to teach families to draw on the counselor's suggestions between sessions, and 3) to gather information through reactions of the family members and school personnel in order to design future strategies. Ultimately, the school-based family counselor teaches family members to change their focus from the student to the entire family's social network (Amatea, & Sherrard, 1989).

Another intervention tool used by school-based family counselors involved redefining problematic behaviors. Often called re-labeling or re-framing, the counselor would change the name for the behavior giving it a different and often positive connotation. The family and the school could therefore perceive the behavior in a different light which rendered it more in their control and, thus, changeable. This re-labeling enabled the student to have the freedom to choose other ways of relating to family members and school personnel. An additional tool used in strategic family counseling is the metaphor. Metaphors were used in various ways. For example, the counselors often used metaphorical stories, analogies, tasks and objects and relationships.

Training in Family Counseling

Aliotti (1992) proposes that family counseling by school counselors and social workers could arrest many school problems before they escalated. In fact, Fine and Carlson (1992) have reported that most individual approaches to school problems have at times required inordinate amounts of time and resulted in little substantial improvement. Conversely, when using family counseling, Fine and Carlson (1992) reported successful interventions needing an average of only five hours of family counseling in comparison to thirty or more hours of individual counseling.

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APPENDIX B

The Referral Form and Outcome Form should be opposite sides of the same sheet.

COUNSELING REFERRAL FORM

Counselor, fill out upon referral.

Student Name _____ Student ID Number _____ Date _____

Student DOB _____ Grade Level _____ Student's School _____

Referral was for: 1) a specific incident ____ **OR** 2) a pattern of behavior ____.

A) Who referred student (check one)?

1a) ____ Teacher/team
1b) _____ Subject
2) ____ School counselor
3) ____ Support team
4) ____ Principal
5) ____ Parent/Guardian
6) _____ Parent involvement program
7) ____ Friends
8) ___ Student referred self
9) Other _____

B) Reason for referral: P = Primary reason for referral (mark only one) S = Secondary reason for referral (mark only one)
A = Additional reason for referral (mark all that apply)

1) ____ Emotional concerns
2) ____ Parent child conflict
3) ____ Adjustment to divorce
4) ____ Adjustment to step family situation
5) ____ Attendance
6) ____ Disruptive classroom behavior
7) ____ Failing one or more classes
8) ____ Drop in grades
9) ____ Drug use
10) ____ Gang Activity
11) ____ Theft
12) ____ Lack of motivation
13) ____ Inappropriate sexual behavior
14) ____ Physical complaints/ frequent nurse visits
15) ____ Physical/sexual abuse
16) ____ Vandalism
17) ____ Violence
18) ____ Smoking
19) Other _____

Counselor, Ask family for this information.

C) List names (first & last) and ages of the referred student's siblings:

Name _____ _____ Student ID # _____ DOB ____.

Name _____ _____ Student ID # _____ DOB ____.

Name _____ _____ Student ID # _____ DOB ____.

Name _____ _____ Student ID # _____ DOB ____.

Name _____ _____ Student ID # _____ DOB ____.

D) Has family ever been referred or participated in other interventions? No Yes

Briefly describe _____

Counselor, ask teacher for this information:

Teacher name _____, Subject _____.

E) Student performs at level of ability (circle one);
1) all the time 2) more than half the time 3) half of the time 4) less than half the time 5) none of the time

F) Academic performance to date this school year from (teacher's name) _____:

In class assignments: Indicate the percent completed _____. Indicate the quality using a grade _____.

Tests: Indicate the percent taken Cum test grade ____ Indicate last quarterly grade ____.

G) Number of times **parent(s)** contacted teacher per month (circle one);
1) 1 or less, 2) 2-4, 3) more than 4

G2) Depth of contact (circle all that apply);
1) phone calls 2) visits 3) resource request 4) class participation

COUNSELING OUTCOME FORM

Classroom teacher, please answer questions A through E for each student who received behavior intervention from the family therapist. Your cooperation is appreciated.

Teacher's Name _____ Date _____

A) Has this student's behavior pattern changed over the year? No Yes

If yes, briefly describe. _____

_____

_____

B) Student performs at level of ability (circle one);
1) all the time 2) more than half the time 3) half of the time 4) less than half the time 5) none of the time

B2) I have observed changes in this student's academic performance over the past year: No Yes

Briefly describe _____

C) I have observed changes in this student's friendships over the past year: No Yes

Briefly describe _____

_____

_____

D) I have observed changes in this student's attitude towards school over the past year: No Yes

Briefly describe _____

_____

_____

E) Number of times **parent(s)** contacted teacher per month (circle one);
1) 1 or less, 2) 2-4, 3) more than 4

E2) Depth of contact (circle all that apply);
1) phone calls 2) visits 3) resource request 4) class participation

Counselor, Please answer the following questions. Counselor's Name _____.

For question 1 circle those that apply. For question 2 indicate with a number.

1) Family members recommended for attendance: Parents Guardians Sig Others | Some Siblings All Siblings
2) Family members actually attending sessions # Attending____ | # Recommended____/ # Attending____

3) Indicate preparation time required for all sessions in hours. _____

4) Indicate type of intervention or service provided: P = Primary intervention/service (mark only one)
S = Secondary intervention/service (mark only one) A = Additional intervention/service (mark all that apply)

1) ____ Education around presenting problem
2) ____ Redefining family's relationship with other systems
3) ____ Reframing the problem(s) with family/school
4) ____ Reorganization of major relationships in family
5) ____ Normalizing problem to reduce family's anxiety and enhance coping skills
6) ____ Addressing families values and belief systems
7) ____ Insight into current dysfunctional dynamics
8) ____ Referrals and/or auxiliary services
9) Other _____

STUDENT OPINION OF SERVICE (MS HS)

Return to RDA

A) What is your GPA? _____ Date _____

B) Are you likely to fail any classes this semester (check one)? No Yes

C) Do you have a job (check one)? No Yes

D) How many hours per week do you work? _____

E) What is the highest education of your father/guardian (circle one)?

1) did not graduate from high school
2) high school graduate
3) trade school or college graduate
4) advanced degree

F) What is the highest education of your mother/guardian (circle one)?

1) did not graduate from high school
2) high school graduate
3) trade school or college graduate
4) advanced degree

G) How often did you see the family counselor (circle one)?

1) weekly, 2) every other week, 3) monthly

H) Which family members also attended (circle all that apply)?

1) mother/guardian
2) father/guardian
3) both parents
4) one sibling,
5) all siblings
6) whole family

I) Are you currently a gang member (circle one)? No Yes

J) Do you have a probation officer (circle one)? No Yes

K) Did sessions with the counselor help you solve problems at school (circle one)? No Yes

L) Did sessions with the counselor help you solve problems at home (circle one)? No Yes

M) What was positive about your time with the family counselor (circle one)?

1) learned coping techniques
2) talking
3) understanding me
4) understanding others
5) stood up for me
6) learned to be more social
7) learned communication techniques
8) other _____

N) What was most helpful about family counseling? _____

_____

_____

O) Could this experience have been more helpful?

How?_____

_____

_____

STUDENT OPINION OF SERVICE (ES)

RDA representative ask student the following questions and write down his/her answers.

A) What is student's grade in your class? _____ Date _____

B) Is student failing any subjects this semester (check one)? No Yes

C) What is the highest education of your father/guardian (circle one)?
1) did not graduate from high school, 2) high school graduate,
3) trade school or college graduate, 4) advanced degree

D) What is the highest education of your mother/guardian (circle one)?
1) did not graduate from high school 3) trade school or college graduate
2) high school graduate 4) advanced degree

E) How often did you see the family counselor (circle one)?
1) weekly, 2) every other week, 3) monthly

F) Which family members also attended (circle all that apply)?
1) mother/guardian 3) both parents 5) all siblings
2) father/guardian 4) one sibling 6) whole family

G) Are you currently a gang member (circle one)? No Yes

H) Do you have a probation officer (circle one)? No Yes

I) Did sessions with the counselor help you solve problems at school (circle one)? No Yes

J) Did sessions with the counselor help you solve problems at home (circle one)? No Yes

K) What was positive about your time with the family counselor (circle one)?
1) learned coping techniques 5) stood up for me
2) talking 6) learned to be more social
3) understanding me 7) learned communication techniques
4) understanding others 8) other _____

L) What was most helpful about family counseling? _____
_____
_____

M) Could this experience have been more helpful?

How?_____
_____
_____